

Foster Family Home - Corrective Action Report

Provider ID: 1-510140

Home Name: Lucrecia Pastor, CNA

Review ID: 1-510140-8

94-392 Haa'a Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/21/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/21/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN for CG#3 and CG#4 expired on 6/3/19; renewed on 6/20/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- HHM#1's TB clearance expired on 6/20/19 and HHM#2's TB clearance expired on 7/24/19.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation for CG#1, CG#2, CG#3, and CG#4 on Blood Glucose Checks and Oxygen Administration for Client #3.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 did not conduct fire drill for the past 12 months.

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Foster Family Home **Physical Environment** **[11-800-49]**

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- Clients have no means of calling for assistance such as a monitoring device, call bell, call button, etc. in each client's bedrooms.

Foster Family Home **Client Rights** **[11-800-53]**

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- Admission Policy and Agreement was not done for Client #1 upon admission to CCFFH.

Foster Family Home **Records** **[11-800-54]**

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's Service Plan indicated for means of client to call for assistance by use of call bell- none seen in client's room or near bedside.

54.(c)(5)- Medication discrepancies noted for Client #3. One medication noted to be discontinued by MD is in client's medication bin. Two medications do not match the bottle, MD orders, and Medication Administration Record.

Thaikel Nakamine, RW

Compliance Manager

LPastor

Primary Care Giver

1/21/2020

Date

01-21-2020

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Lucrecia Pastor

CCFFH Address: 94-392 Haaa Stree, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	CG#1 showed CTA Compliance Manager the current APS/CAN for CG#3 and CG#4 during home inspection. Results were filed in home binder.	1/21/20	CG#1 will obtain required documents in a timely manner to prevent lapse. A record of expiration dates will be maintained.
41(b)(7)	HHM#1 and HHM#2 obtained a current TB clearance. Results were filed in home binder.	1/25/20	CG#1 will obtain required documents in a timely manner to prevent lapse. A record of expiration dates will be maintained.
43(c)(3)	RN delegation for CG#1, CG#2, CG#3, CG#4 for blood glucose checks and oxygen administration for Client #3 were performed by CMA RN. Signed delegation form was filed in client's chart.	1/30/20	In the future, RN delegations will be done within one week of starting work or admission of new client.
46(b)(2)	CG#4 conducted a Fire Drill. Form filed in home binder.	2/2/20	All caregivers will rotate in conducting fire drills.
49(b)(3)	Baby monitors installed in clients' bedrooms for call assistance.	1/22/20	CCFFH will comply with MD orders and Service Plans.
53(a)	Admission Policy & Agreement From Signature Page for Client #1 completed.	1/24/20	In the future, admission documents will be completed on the day of admitting new clients to the home.
54(c)(2)	Baby monitors installed in clients' bedrooms for call assistance.	1/22/20	CCFFH will comply with MD orders and Service Plans.
54(c)(5)	Medication discrepancies noted for Client #1. Removed discontinued medications from storage container. Checked that all medications matched with MD orders, Medication lists, and prescription bottles.	1/22/20	CCFFH will comply with MD orders and bring any discrepancies to the attention of the MD, CMA, and Pharmacy for correction.

Primary Caregiver's Signature: _____

Lucrecia Pastor

Print Name: Lucrecia Pastor

Date of Signature: 2-21-20